

MARYLAND COMMISSION ON KIDNEY DISEASE OPEN SESSION MEETING VIA GOOGLE MEET

Website: health.maryland.gov/mdckd

Meeting Minutes January 27, 2022

The Maryland Commission on Kidney Disease held an Open Meeting on Thursday, January 27, 2022 via Google Meet, a virtual platform.

Chairman Dr. Adam Berliner, called the meeting to order at 2:06 P.M.

Commissioners present: Dr. Sumeska Thavarajah, Dr. Donna Hanes, Dr. Jeremy Yospin, Dr. Sonal Korgaonkar, Dr. Nadiesda Costa, Susan Leon, RN, Andrene Townsend, RN, Jacqueline Hires, LCSW NSW-C, Raymond Harris and Tisha Guthrie, LMSW.
Commissioner Jerome Chiat was absent.

Eva Schwartz, Executive Director, presented the meeting.
Staff present: Donna Adcock, RN, Nurse Surveyor
Commission Counsel present: Leslie Schulman, AAG

MDH staff present: Carol Manning, Chief Kidney Disease Program
OHCQ representatives: Evidelia House, RN, and Peter Wilcox, RN
Renal Network 5 representative: Renee Bova-Collis, MSW, LCSW

The Commission expressed its appreciation acknowledging the large number of virtual attendees representing the renal healthcare provider community.

I. RATIFY APPROVAL OF THE MINUTES OF THE PUBLIC SESSION OF OCTOBER 28, 2021

Commissioner Thavarajah motioned to ratify the approval of the Public Minutes from the October 28, 2021 session. Commissioner Korgaonkar seconded the motion and the Commission voted unanimously to ratify the approval of the Minutes of the October 28, 2021 Public Session.

II. RATIFY APPROVAL OF THE MINUTES OF THE CLOSED SESSION OF OCTOBER 28, 2021

Commissioner Thavarajah motioned to ratify the approval of the Closed Minutes from the October 28, 2021 session. Commissioner Korgaonkar seconded the motion and the Commission voted unanimously to ratify the approval of the Minutes of the October 28, 2021 Public Session.

III. CHAIRMAN'S REPORT

Dr. Berliner highlighted exciting developments in Xenotransplantation between species. He noted that xenotransplantation, the transplantation of living cells, tissues or organs from one species to another, could be game changing in the field of transplantation given that the demand for human organs for transplantation far exceeds the supply. Dr. Berliner reported on two case studies using transplanted pig kidneys; one performed at NYU by Dr. Montgomery and a second at the University of Alabama performed by Dr. Locke. The latter involved a pig kidney that has 10 genes modified to reduce the risk of organ rejection. Although a lot more clinical work and immunological research needs to be done, it will be interesting to see how xenotransplantation will impact the renal community. Discussion ensued.

IV. VICE CHAIRMAN'S REPORT

Dr. Thavarajah presented updated information on the Kidney Transplant Allocation system (Attachment C). The changes were made in March 2021. The updates include organ offers made first to centers within 250 miles of the donor center in order to decrease organ "cold time" and improve outcomes. Discussion ensued.

V. EXECUTIVE DIRECTOR'S REPORT

Mrs. Schwartz provided an update on the legislative session and a pending bill that would reorganize the Boards and Commissions under the authority of the MDH Secretary. The proposal would decrease Board/Commission autonomy giving the Secretary of MDH more authority over the appointments of the Board/Commission Chairpersons and/or Presidents, and the hiring of the Executive Directors. She noted that the Boards are opposing the bill which at this time has not been introduced. Senator Kagan has agreed to consider sponsoring the bill on behalf of MDH at this time. Dr. Berliner requested to see the draft bill. Mrs. Schwartz will request permission from MDH's Governmental Affairs Office, to publicize the draft.

Mrs. Mooney, CFO for Independent Dialysis discussed HB 218, entitled Health Occupations-Nursing-Dialysis Technicians. The bill sponsored by Delegate Ariana Kelly in HGO, would establish a separate category of certified dialysis technicians to be certified by the State Board of Nursing (MBON); repeal the requirement that a dialysis technician be a certified nursing assistant; alter the composition of the Board advisory committee; and authorize the Board to conduct site visits of certified dialysis technician training programs. Mrs. Mooney emphasized that the proposed Bill would have the positive effect of changing the designation of the Certified Nursing Assistant – Dialysis Technician (CNA-DT) to Certified Dialysis Technician which would open another gate for staffing. She noted that no other state has a CNA-DT designation. She reported that the bill has been endorsed by dialysis providers but the MBON's position is currently unknown. Dr. Berliner motioned to support HB 218; Commissioner Guthrie voted to second the motion and the Commission voted unanimously to support HB 218.

VI. NEW BUSINESS

A. Kidney Disease Program (KDP)

Carol Manning reported that graphics for the KDP report were unavailable for the meeting due to MDH's network security incident. She reported that the KDP continues to process applications without a backlog but that access to some information is limited or delayed because the server is offline. Ms. Manning noted that the KDP is notifying patients of recertification and is in the process of issuing I.D. cards. She also shared that until the server is restored payment of provider claims and reimbursements are being delayed. Discussion ensued. Ms. Manning stated that a KDP progress update related to the network incident would be posted on the KDP website.

Ms. Manning provided a reminder that if a patient is transferred from a KDP certified facility to a non-certified facility KDP, under law, cannot provide reimbursement for the patient claims. She stated that facilities should not be falsely billing as if the patient was dialyzing at the certified facility. The KDP is working to obtain refunds from facilities engaging in this inappropriate billing practice.

B. Dialysis Community Response Needs Team-- COVID-19 Collaboration

Dr. Berliner summarized the program outlined in the document (Attachment D entitled, Dialysis Community Response Needs Team (DCRN)). The DCRN Team is a voluntary collaboration of several leading providers in the kidney care community, including Davita, Fresenius Kidney Care, U.S. Renal Care, American Renal Associates, and Satellite Healthcare that was convened to respond to the issues raised by COVID-19 to provide adequate capacity for the temporary treatment of outpatient hemodialysis patients who are, or who are suspected to be, COVID-19 positive (isolation patients). Across their combined network, these providers aim to act as a safety net of any provider that cannot provide enough isolation treatments in its own DCRN Team clinic.

The goal of the program is to treat as many patients as possible in the outpatient setting, thus reducing the burden on hospitals and other emergency providers.

Ms. Mooney commented that the DCRN statement was not new and that the process was “a cautionary tale”. Discussion ensued.

Ms. Bova-Collis, reported that the notice was a fresh send and similar to the original memo. She noted that dialysis facilities have an obligation to treat their patients in the facilities and keep them out of the hospitals.

C. 2021 Governor’s Report

The draft 2021 Governor’s Report was reviewed by the Commissioners prior to the meeting. Mrs. Schwartz directed the guest’s attention to page 4 of the Report related to Staffing and Nursing Ratio requirements. She noted that the staffing requirements have not changed in light of the current staffing crisis, and she directed facilities to utilize staffing exception reports to document daily staffing shortages. Discussion ensued. The Commission and Office of Health Care Quality reiterated that Maryland staffing requirements remain in place; facilities must operate within the law while striving to meet requirements and to provide safe and effective patient care.

Dr. Berliner motioned to approve the 2021 Governor’s Report for distribution. Commissioners Hanes and Yospin seconded the motion. The motion to approve the MDCKD 2021 Governor’s Report passed unanimously.

D. Network Update

Renee Bova-Collis provided the Network update. She noted that the Network continues to provide support groups for facility staff. She reported that there were five meetings mostly attended by facility social workers; and, discussions related to staffing shortages, COVID protocols, and lack of privacy in the facilities.

Ms. Bova-Collis also reported that the Network is working with facilities to meet CMS requirements, keeping in mind facility staffing issues. The Network is not being punitive if facilities are unable to provide requested information.

Grievances and Involuntary Discharges were discussed. She shared that there were fewer involuntary discharges in 2021 than in 2020. She also shared that, over the past 4 years, grievances and complaints related to quality of care have been on the increase.

Ms. Bova-Collis also commented that facilities may list patients as “lost to follow up” in the Crownweb system, but the patient remains the responsibility of the facility until the patient officially transfers or expires.

E. Closed Facility

Dr. Berliner reported that FMC Beltsville notified the Commission of the facility’s temporary closure.

F. Citation Free Facilities

Dr. Berliner complemented the following facilities for achieving citation free surveys. He noted that 25% of this quarter’s facilities achieved citation free surveys.

- FMC Franklin Square Home
- Davita Greenbelt Home
- ARA Salisbury
- USRC Prince Frederick
- FMC Cross Keys

G. Categories of Complaints

Dr. Berliner reported that in the past quarter the following complaints were reviewed and internally resolved by the Commission.

a. **Written**

- Involuntary Discharge (5)
 - Patient behavior/violence (2)
 - Physician discharge (2, both patients transferred)
 - Non-Payment (1) - averted

b. **Verbal**

- Complaint regarding refusal of care for COVID-19 exposed patient

H. **Commission Approval/Disapproval for KDP Out of State Transplant Reimbursement**

Mrs. Schwarz reported that the Commission received and approved the following out of state transplant prior approvals for KDP reimbursement purposes:

Hospital	Granted	Refused
Georgetown University Hospital	3	0
Christiana Transplant Center	1	0
George Washington Transplant Center	1	0

I. Surveys (20)**Citations**

Citations	January 2022	July/Oct 2021	April 2021	Jan 2021
Compliance with Federal, State and Local Laws and Regulations	0	0	0	0
Infection Control	11	18	11	14
Water and Dialysate Quality	8	8	5	4
Physical Environment	8	8	6	5
Patient Rights	0	0	0	0
Patient Assessment	0	0	0	0
Patient Plans of Care	1	2	1	1
Care at Home	0	0	0	0
Quality Assessment and Performance Improvement	0	0	0	1
Laboratory/Affiliation Guidelines	0	0	0	0
Personnel Qualifications/Staffing	10	11	10	13
Responsibilities of the Medical Director	0	0	0	0
Medical Records	0	2	2	1
Governance	2	4	0	1

The categories and total number of citations are reported above and trended for informational purposes. Dr. Berliner summarized the citations and noted that infection control remains the leading area for improvement followed by Personnel Qualifications/Staffing, Water and Dialysate Quality and Physical Environment.

J. Surveys Completed

The following 20 facilities have been surveyed since the October 2021 meeting:

Davita Takoma Park	USRC New Carrollton
Grace Medical	Davita PG South
Davita Deer Creek	Deer's Head Hospital Dialysis
ARA Salisbury	Davita Calverton
USRC Prince Frederick	Davita Edgewood
Davita Dulaney Towson	FMC Camp Springs
Renalis Homewood	Davita Largo
Concerto	Davita Greenbelt
Davita Downtown	FMC Franklin Square
FMC Cross Keys	Davita Ballenger Creek

Next Scheduled Meeting – April 28, 2022.

Mrs. Schwartz reported that the April and July meetings will take place on a virtual platform.

There being no further public business, upon motion made by Commissioner Yospin and seconded by Commissioner Thavarajah, the Commission unanimously voted to adjourn the Open Meeting Session at 3:43 P.M.